



Bureau Rule Books Available

Copies of the 2000 Health Facility Licensing Rules are available for distribution. A complimentary copy has been mailed to every licensed health facility and agency. Extra copies

may be purchased from the Bureau at a pre-paid cost of \$30.00 per copy. If you have not received a copy, or if you desire additional copies, please contact the Bureau at 801-538-6152.



A Call for Assistance

The Music Therapy Department of the University of Utah Neuropsychiatric Institute (UNI) has a need for music recordings and music-based activities that could provide comfort to patients

from other countries.

Music can provide familiarity and comfort to these patients as a part of their healing process. If you have



recordings you would like to donate, or can tell us how music plays a part in healing in a culture which you are familiar, please contact the Music Therapy Department, Ada Mae Crouse at (801-538-2500).

Bill Moyer's End of Life Care Series on PBS



A series on end of life care will be presented by Bill Moyer on PBS. The series is

scheduled to air on September 10 through 13, 2000. Hospice care will feature prominently in the series with a massive public outreach campaign by the National Hospice Organi-

zation (NHO) in conjunction. For more information, visit the UNO website at www.pbs.org/onourown/terms, or contact the Utah Hospice Organization at 1-888-325-4150.

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UHO Telephone Numbers

The Utah Hospice Organization can now be reached statewide via a toll free number: 1-888-325-4150. The local Salt Lake City area number is: 801-256-4814.

(Editor's note: The following article contains the March 24 and May 19, 2000, HFC minutes)

HEALTH FACILITY COMMITTEE - March 24, 2000

Sanction Actions:

1. Mt. Ogden Nursing and Rehabilitation nursing facility received a conditional license based on failure to correct deficiencies from an October 27, 1999, BPCRA survey.
2. Brightway at St. George substance abuse facility received a conditional license based on a temporary suspension of patient services.
3. Durham Care and Durham Care Assisted Living received a conditional license based on a voluntary suspension of patient care services at both the facilities.

Subcommittee reports:

1. Assisted Living - the subcommittee has met several times with consensus in all areas but medication administration and secure units for Alzheimer's/dementia residents. The subcommittee did not specifically address staff ratios, but indicated staff must meet resident needs.
2. Ambulatory Surgical Center - the subcommittee has met once and adjourned to gather more information before a second meeting.

R432-300 Type N Rule - Presentation to the Health Facility Committee:

Following discussion about the proposed changes to the rule in nursing coverage and admission criteria, a motion was made to move the rule forward to the rule making process. The motion **PASSED** unanimously.

CNA/HHA Dual License Concept Summary:

The proposal to create a dual certification for certified nurse aides and home health aides was presented to the Committee for discussion. Comments were heard from the UHCA and the UAHHA regarding age differences of CNA's and HHA's, and the possible effect to the available labor pool. Following the discussion and comments, a motion was made to draft the proposed rule changes. The

motion **PASSED** unanimously.

Nurse Leadership Subcommittee Update:

Two items have been completed: a survey of Westminster College nursing students revealed that 80% of the students understood the role and duties of a CNA, but felt the CNA's had to be watched constantly. Also, the Nurse Leadership Forum felt that a Bachelors prepared nurse was not prepared for a management role in long term care. The Forum will present their findings to the Committee in May.

Institute of Medicine Report:

The Institute of Medicine reported on adverse medical events and the proposed federal regulations for mandatory reporting for hospitals and ambulatory surgical centers. A meeting will be convened involving the Executive Director's Office of DOH, Utah Health Care Association, Utah Medical Association, Utah Nurses Association, and the Utah Hospital Association to propose what events need to be reported.

Office of the Public Guardian Report:

The role of the Office of Public Guardian was presented to the Committee. The major problem facing the Office at this point is a lack of funding to be able to adequately address the needs of the number of individuals needing guardianship.

End of Life Preference Document Report:

An agreement has been reached between the Utah Association of Healthcare Providers, the Utah Medical Association, the Utah Nurses Association and the Department of Health to revise and create a single document that would provide important end of life information. More information will be available at the May Health Facility Committee meeting.

Request for Rule Change:

R432-100 Medical Records - Newborn Hearing Screening: the proposed change is necessary because the current hospital rule is not consistent with statutory requirements. A motion was made to proceed to draft the rule changes. The motion **PASSED** unanimously.

Ambulatory Surgical Centers - Deemed Status:

The Accreditation Association for Ambulatory Health Care has requested that Utah approve the Association for “deemed status”. They are a voluntary accrediting body that does unannounced surveys and are recognized by Medicare. Their standards are comparable to state regulations. A motion was made to approve the organization for deemed status. The motion **PASSED** unanimously.

HEALTH FACILITY COMMITTEE - May 19, 2000

Sanction Actions:

1. Pleasant Acres for the Elderly Assisted Living I facility received a conditional license for failure to correct a Class I deficiency.
2. Utah State Hospital received a conditional license based on a federal survey which identified substantial noncompliance with two Medicare Conditions of Participation, and on a substantiated finding of abuse.

Subcommittee Reports:

1. Assisted Living - The subcommittee continues to have disagreement on medication administration, nursing delegation, and secure units. Concerns were voiced from the Committee and the UHCA that some assisted living facilities are keeping residents beyond the facility’s abilities to provide care. The issue of over building was also discussed.
2. Ambulatory Surgical Centers - The Utah Society of Anesthesiologists have requested to submit a proposed substitute rule. The next meeting will be scheduled after the subcommittee receives the proposed substitute rule.

CNA/HHA Certification - Proposal for Rule Change:

The proposed rule was submitted to the Committee for review. After brief discussion clarifying that 16 year old CNA’s would only be allowed to work under supervision in nursing facilities, a motion was made to approve the rule. The motion **PASSED** unanimously.

End of Life Care Update:

A subcommittee consisting of UDOH and provider organization representation will review the Probate Code to determine if the Code can be consolidated into one document. This will require legislative ac-

tion as the Code is statutory.

Other Business:

1. Certificates of Excellence were presented to qualifying assisted living providers at their annual convention.
2. Medicaid Pilot Program - Don Fennimore, the Project Coordinator, will be invited to speak at the next HFC meeting.
3. The Utah Health Care Association will be promoting on KTVX: “How Consumers Choose a Nursing Care Facility”. Pamphlets are available from UHCA.
4. Posting of Survey Results - Accredited hospitals are required to post the survey results in the newspaper and in the facility. Licensing rules do not require posting of survey results.
5. The Utah Medical Association expressed concern over financial viability and staffing ratios in assisted living facilities. Licensing rules require adequate funds for basic services.

Report on Nursing Issues in Health Care:

Kevin Martin, Director of Patient Care Services at Shriners’s Hospital and co-chair of The Nursing Leadership Forum, reported on the subcommittee’s progress. The issues of nurse delegation, nurse recruitment, deficiency data, sanctions, and certificate of need were discussed by the Forum. Concerns were expressed about the continued nurse shortage, especially in long term care.

Newborn Hearing Screening:

Val Bateman of the Utah Medical Association expressed concern that newborn hearing is mandated by the legislature, but it is not paid for by insurance; therefore, the hospitals and Medicaid are absorbing the cost. It is the responsibility of the parents to have the screening.



Determining Quality of Health Web Sites

The American Telemedicine Association recently issued advisories for consumers who search for health information on medical web sites. The ATA is advising consumers to check web sites information to see if it is drawn from credible sources.

The association also says consumers should determine if a web site is sponsored or created by a company trying to sell a product. If so, the information presented may not be impartial. A U. S. Department of Health and Human Services panel is recommending health and medicine internet sites submit to a voluntary quality standard. The panel is reportedly asking for leadership on the internet, citing concerns that consumers are misled by sites that do not reveal their sponsorship. (*Managed Healthcare News*, November, 1999)



Inappropriate Admissions to AL Facilities

During recent survey and complaint investigations, Bureau licensing specialists have identified an increase in the number of facilities that have admitted residents who do not meet the admission criteria as outlined in rule. A resident must meet the criteria upon admission; it is not acceptable to admit a resident for a trial period to see if he or she improves to the point of being appropriate. Also, it is not acceptable to admit a resident who does not meet admission criteria by immediately placing the resident on hospice and requesting a variance. The hospice variance process is reviewed on a case by case basis and is intended to allow residents who already live in assisted living facilities to remain during the terminal process. **Please be advised that sanctions to the facility license, including civil money penalties, may be assessed to facilities that knowingly admit residents who do not meet the admission criteria as outlined in rule.** If you have questions about the hospice variance process or admission criteria, please contact a Bureau licensing specialist for clarification.

Best Practice Guidelines Improves Emergency Room Care

Quality of care at hospital emergency rooms improves when Emergency Room directors get feedback on how well their Emergency Room and other Emergency Rooms comply with process-of-care guidelines for medical problems typically seen in the Emergency Room, and then collaborate to design quality improvement interventions to improve compliance with these @best practices@. A study led by Helen R. Burstin, M.D., M.P.H., Director of the Agency for Healthcare Research and Quality compared how well five Harvard-affiliated Emergency Rooms complied with process-of-care guidelines for six chief complaints seen in Emergency Rooms: abdominal pain, shortness of breath, chest pain, hand laceration, head trauma, or vaginal bleeding. Patient reports were analyzed via questionnaire with results forwarded to each Emergency Room

director for review of baseline compliance. Two years later, follow-up results show that compliance with process-of-care guidelines increased from 55.9 % to 60.4% and the rate of patient-reported problems decreased from 24% to 20%, both small but significant improvements. Patients reported specific improvements in getting messages to family or friends, better access to interpreters, better understanding of how to take medications and possible side effects, and more patients filled the ordered prescriptions. Quality Improvement: The Harvard Emergency Department Quality Study, by Dr. Burstin and others in the November 1999 *American Journal of Medicine* 107, pp. 437-449. (Article adapted from *AHRQ Research Activities*, February 2000)



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Director's Corner by Deb Wynkoop

It is my honor to recognize the Assisted Living Providers who have achieved excellence in the 1999 survey and inspection from the Utah Department of Health. I am proud to be able to announce that the following facilities met the established criteria:

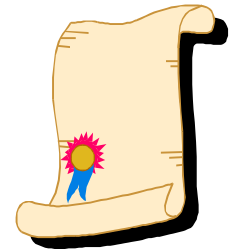
1. Was issued a standard license for 12 months.
2. No more than 4 deficiencies were cited at the annual inspection.
3. None of the deficiencies are repeats from 1998-1999.
4. No substantiated complaints in 1999.
5. No licensing sanctions issued during 1999.
6. No Class 1 deficiencies issued in 1999.
7. No change of ownership in 1999.

During 1999, the Bureau conducted 68 annual surveys this year 22 facilities are recognized for the excellence, or 32% of the facilities surveyed. Sixty Assisted Living Facilities were not surveyed in 1999, since they have been recognized in the past and are on the 18-24 month schedule. There were 15 new facilities licensed in 1999 and six change of ownership's.

I know how pleased you and your staff are to receive this certificate. Please offer my congratulations and thanks to all of your staff who have assisted in contributing to the quality of care for the citizens of Utah. My staff and I appreciate all of your hard work.

These are the Providers that qualified for a certificate in 1999:

Atria Crosslands, Janie Nielson
Atria St. George, Terrill Clove
Beehive Home of Ogden, Lynn Mayberry
Beehive Home of Richfield, Deanne Haws
Beehive Home of Richfield #2, Deanne Haws,
Beehive Home of Salem, Paul Grimes
Beehive Home of Centerville, Brad C. Barker
Beehive Home of Centerville #2, Brad C. Barker
Beehive Homes of Tooele, Terry and Irene Jenkins
Beehive Homes of West Jordan, Valerie and Victor Clark
Canterbury Place, Avril Teasdale
Curtis Residential Home, Errald and Nancy Curtis
Draper Rehabilitation and Care Center
Residential, Noralyn Snow
East Meadow Care Center, Susan Marx
Gardens Retirement Home,
Nancy Arneson
Harmony House Residential
Center, Wylma Temples
Heritage Haven, Shirley
Garrett
Holladay Estate, Dora
Roberts
Holladay Home for the Elderly, Debra Miller
J & E Home Care, Jacqueline Paz
Janes Residential Retirement Home, Jerrie Earl
Peach Tree Place, Lee Elkington
Turnquist Retreat, Caleen Wilcox



Congratulations!!!!

Smoke Detector Sensitivity Testing

(Editor's note: The following is a reprint of an article published in the April 1995 edition of Licensing News and Views)

Automatic smoke detection systems have become an integral part of fire alarm systems in health care facilities. Early occupant notification has proven to be one of the most vital components of fire safety. To insure that smoke detectors are functioning properly, both the Uniform Fire Code and the NFPA Life Safety Code require documented testing of each detector in the system. The following guidelines appear in both codes with respect to sensitivity testing:



year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended not to exceed five years.@ (NFPA 72 7-3.2.1; Uniform Fire Code Standard 10-3 8-3.4.2)

This required sensitivity test is in addition to the annual activation testing of each detector. Chapter Seven of NFPA 72, and Chapter Eight of the UFC Standards both offer additional information on inspection, testing and maintenance of automatic detection systems. For more information, please contact Craig Christopherson at 801-538-6327 or David Shorten at 801-371-1065.

A Detector sensitivity shall be checked within one

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